

REMARKS

The present application includes claims 1-52. As per the telephone interview with the Examiner, claims 1-36 are elected and claims 37-52 are cancelled as a result of the Examiner's restriction requirement. Claims 1-36 are presented for examination. Claims 1-36 were rejected by the Examiner. Claims 1, 15, and 25 have been amended by this response. Claims 1, 15, and 25 have been amended to recite a "centralized remote data store".

Claims 1-2, 5-8, 10, 15-18, 20, 22, and 24 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tawara (U.S. Patent No. 4,958,283).

Claims 3-4, 9, 19, 21, and 30 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Ballantyne (U.S. Patent No. 5,867,821).

Claims 11-14 and 31-34 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Kasso (U.S. Patent No. 5,893,073).

Claims 23-35 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Bergsten (U.S. Patent No. 6,073,209).

Claims 25-29 and 36 were rejected under 35 U.S.C. § 102(b) as being anticipated by Tawara.

The Applicants first turn to the rejection of claims 1-2, 5-8, 10, 15-18, 20, 22, and 24 under 35 U.S.C. § 103(a) as being unpatentable over Tawara. Tawara relates to a medical image data storage system. The storage system of Tawara stores medical image data separately for each medical department (col. 1, lines 20-35, col. 2, lines 43-58).

Tawara separates and does not mix image data in order to simplify retrieval of image data according to medical department (col. 1, lines 20-35). Tawara uses a temporal magnetic disk to store medical image data temporarily and an optical disk for long-term medical image data storage (col. 2, lines 64-66).

In Tawara, the image databases are separated by hospital department and/or modality (col. 2, lines 43-49, col. 5, lines 66-68, col. 6, lines 1-2). The separate databases may be located on separate networks (col. 7, lines 3-11, Figures 6-9 & 11-12). An imaging modality, such as an x-ray or CT system, is involved in storing the image data in the appropriate database (col. 3, lines 23-29). A predetermined work station may retrieve image data from the appropriate database (col. 3, lines 45-48 & 59-61, col. 5, lines 24-26).

Conversely, Tawara does not teach or suggest a centralized remote data store for storing medical data. This limitation is recited in independent claims 1, 15, and 25. Instead, the various modalities and hospital departments of Tawara copy images from a modality to a separate disk for each modality and/or hospital department. Furthermore, Tawara does not teach or suggest a status monitor for controlling the transfer of medical data between a data source and a remote data store. This limitation is recited in independent claims 1 and 15. Rather, an imaging modality in Tawara copies medical images to a magnetic disk corresponding to the specific modality and specific hospital department. A status monitor to control medical data transfer between the data source and the remote data store would not have been obvious to one of ordinary skill in the art. Therefore, Tawara does not teach or suggest the limitations of the claimed invention.

The Applicants next turn to the rejection of claims 3-4, 9, 19, 21, and 30 under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Ballantyne. As discussed above, Tawara does not teach or suggest the limitations of the claimed invention.

Ballantyne relates to distribution and administration of medical services, entertainment services, electronic medical records, and educational information in a compressed format on a patient's individual electronic patient care station (Abstract, col. 1, lines 12-16).

Ballantyne uses dedicated servers and compressed data storage (col. 4, lines 54-64).

Ballantyne distributes data within the confines of a hospital (col. 6, lines 32-35).

Thus, Ballantyne does not teach or suggest a centralized remote data store. This limitation is recited in claims 1, 15, and 25. Rather, Ballantyne retrieves information by a dedicated, individual patient care station. Additionally, Ballantyne does not teach or suggest a status monitor for controlling medical data transfer between a data source and the centralized remote data store. This limitation is recited in claims 1 and 15.

Therefore, even if Ballantyne may be combined with Tawara, neither Ballantyne nor Tawara, alone or in combination would teach or suggest the limitations of the claimed invention.

Next, the Applicants turn to the rejection of claims 11-14 and 31-34 under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Kasso. Kasso relates to representing and storing schedules of recurring events in a calendar (Abstract, col. 1, lines 5-10, col. 2, lines 20-25, col. 3, lines 50-51). Kasso does not relate to medical imaging or medical data. Kasso also does not teach or suggest scheduling transfer of medical data. Kasso simply relates to allowing a user to enter scheduling information for

display as a calendar (col. 3, lines 50-64). Thus, Kasso does not teach or suggest any of the limitations of the claimed invention. Furthermore, there is no suggestion to combine Kasso and Tawara. Even if Tawara were combined with Kasso, the combination would not teach or suggest a centralized remote data store or a status monitor for controlling transfer of medical data. These limitations are recited in the claims of the present invention.

The Applicants now turn to the rejection of claims 23-35 under 35 U.S.C. § 103(a) as being unpatentable over Tawara in view of Bergsten. Bergsten relates to multiple storage arrays including one or more mass storage devices (Abstract, col. 1, lines 54-57). Bergsten does not teach or suggest a centralized remote data store for storing medical data, as recited in claims 1, 15, and 25. Bergsten also does not teach or suggest a status monitor for controlling transfer of medical data between the centralized remote data store and a data source, as recited in claims 1 and 15. Rather, Bergsten provides a direct-coupled interface between multiple storage arrays (col. 3, lines 20-23, col. 4, lines 7-17). Thus, neither Bergsten nor Tawara, alone or in combination, teaches or suggests the limitations of the claimed invention.

Claims 25-29 and 36 were rejected under 35 U.S.C. § 102(b) as being anticipated by Tawara. As discussed above, Tawara does not teach or suggest the limitations of the claimed invention. Tawara does not teach or suggest a centralized remote data store. Tawara also does not teach or suggest a status monitor for controlling medical data transfer between the centralized remote data store and a data source.

Therefore, the Applicants respectfully assert that amended independent claims 1, 15, and 25 of the present invention are allowable. Thus, their dependents should also be allowable.

CONCLUSION

The Applicants look forward to working with the Examiner to resolve the remaining issues in the application.

If the Examiner has any questions or the Applicants can be of any assistance, the Examiner is invited and encouraged to contact the Applicants at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the Deposit Account of McAndrews, Held & Malloy, Account No. 13-0017.

Respectfully submitted,

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